ASA HUTCHINSON GOVERNOR

B. EDMOND WATERS COMMISSIONER



HERITAGE WEST BUILDING, SUITE 300 201 EAST MARKHAM STREET LITTLE ROCK, ARKANSAS 72201-1692 TELEPHONE: (501) 324-9260

FACSIMILE: (501) 324-9268

ARKANSAS SECURITIES DEPARTMENT

ARKANSAS MONEY SERVICES ANNUAL RENEWAL REPORT

Name of Company as Licensed in Arkansas:					
Main Office Address:					
Arkansas Lice	nse Number:	Date Submitted:			
Type of Activi	ity Conducted: Money Transmiss	sion Currency Exchange			
1. Annual Assessment Fee					
\$750.00	Made payable to the Arkansas Securities Department				
2. Material C	~				
Material changes to licensee information include, but are not limited to, changes in the licensee name or fictitious name, ownership, physical or mailing address, records location, phone or fax numbers, responsible individuals or registered agents; obtaining, revocation, or surrender of a money services license in any other jurisdiction; conviction of the licensee, an executive officer, responsible individual, board director, principal, or person in control of a felony or misdemeanor.					
No material changes to report					
3. Financial (Crimes Enforcement Network (FinCEN) Registration	n or Renewal			
Has the license	ee registered as a money services business with FinCEN Yes Date of initial registration:	(mm/dd/yyyy)			
If you answered "no" to the above question, register and submit copies of the registration documents with this report or provide a written response as to why licensee is not required to register.					
I have renewed or will renew my registration. Date of last renewal:					
		(mm/dd/yyyy)			

ARKANSAS MONEY SERVICES ANNUAL RENEWAL REPORT

Name of Arkansa	of Company as Licensed in sas:	License Number:				
4. Anti	ti-Money Laundering Program					
Has the	Has the licensee submitted a current version of its anti-money laundering program to the Arkansas Securities Department?					
	No Yes					
If no, submit a current copy of the licensee's anti-money laundering program with this annual report.						
5. Sure	rety Bond (N/A for Currency Exchange License)					
	Continuation Certificate					
	Rider increasing the surety bond amount					
6. Pern	missible Investments (N/A for Currency Exchange License)					
	Enclose a list of permissible investments as defined in Ark. Code Ann. § 23-55-702 of investment as of the most recent quarter.	2 and the percentage held for each type				
	Certify that the licensee continues to maintain permissible investments according to Code Ann. § 23-55-701 and § 23-55-702.	the requirements set forth in Ark.				
	Provide aggregate amount of all outstanding payment instruments and stored value 55-701(a) as of the most recent quarter. Quarter Ended: Ar					

ARKANSAS MONEY SERVICES ANNUAL RENEWAL REPORT CERTIFICATION OF PERMISSIBLE INVESTMENTS

Name of Company as Licensed in Arkansas:		AR License Number:		
		hat I understand the permissible investment requirements as set forth in of the Arkansas Uniform Money Services Act and		
		has and will maintain the required amount of permissible investments.		
Type or print comp	any name as licensed	investments.		
Certified by: _	Authorized Signature	Date:		
	Authorized Signature			
_	Printed Name			
	1 ranea rame			
_	 Title			
	Time			
STATE OR CO	MMONWEALTH OF			
COUNTY OR P.	ARISH OF			
(authorize	ed person above)	ally came and appeared before me, the undersigned		
	red under oath that he/she is the			
		(Title)		
(Name of	Company)	_, that he/she is authorized to sign and submit the attached		
·	¥ • •	tations made therein are true and correct to the best of		
his/her knowledge	e, information, and belief.			
		1 of 20		
Sworn and subscr	ided to before me on this	day of20		
		Notary Public		
		Print Name of Notary Public		
(Seal)		·		
		My commission expires:		

ARKANSAS MONEY SERVICES ANNUAL RENEWAL REPORT

Name of Company as Licensed in Arkansas:		AR License Number:
AFFIDAVIT OF AUTHORIZED PERSON:		
I,	the undersigned being t	he Title of authorized person
of	, an Arkansas lic	censed money transmitter/currency exchanger,
hereby certify under penalty of perjury that I have attached supporting documents (including any accordance with the law. I further	companying schedules and statemen	nts, if any), and the reported information is correct
	Signature of Authorized Person	
STATE OR COMMONWEALTH OF COUNTY OR PARISH OF		
(authorized person above) notary, and declared under oath that he/she is the	(Tit, that he/she is authorized to sig	of cle) gn and submit the attached
his/her knowledge, information, and belief.		
Sworn and subscribed to before me on this	day of 20_	
	Notary Public	
(Seal)	Print Name of Notary My commission expir	